

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395650	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/10/2023
NAME OF PROVIDER OR SUPPLIER: WARREN MANOR STATE LICENSE NUMBER: 233202			STREET ADDRESS, CITY, STATE, ZIP CODE: 682 PLEASANT DRIVE WARREN, PA 16365		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0561	Based on a Medicare/Medicaid Recertification Survey, Civil Rights Compliance Survey and State Licensure Survey, completed on May 10, 2023, it was determined that Warren Manor, was not in compliance with the requirements of 42 CFR part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0561			
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0561 SS=E	Continued from page 1 483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by:	F 0561	Residents R38, R49, R44, and R47 immediately received a weekly menu that included alternative menu choices. Weekly menus were also provided to all residents with alternative menu choices listed. Nutrition Services Supervisor was educated by the NHA as to the need for resident awareness and choice regarding food preferences. Nutrition Services Supervisor (NSS) or designee will post weekly menu at dining room entrance in addition to daily menus. NSS or designee will provide menus weekly for each resident and the department head team will monitor daily for one week and weekly thereafter that said menus have been provided. Results of monitoring will be reported to QAPI committee.	Completion Date: 06/15/2023 Status: APPROVED Date: 05/24/2023	

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F 0561 SS=E	Continued from page 2 Based on review of clinical records, observation, and resident and staff interviews, it was determined that the facility failed to allow residents the right to make choices about aspects of his or her life in the facility that are significant to the resident for four of 19 residents reviewed (Residents R38, R44, R47, and R49). Findings include: During an interview on 5/07/23, at 2:00 p.m. Resident R38 indicated he/she is unaware of any alternatives available and only eats what is delivered to him/her daily. Resident R38 indicated that if he/she does not like what is provided to her for a meal, the staff are reluctant to ask the kitchen for something different due to negative feedback from the kitchen for the added meal request. Resident R38 indicated he/she would request something different, if he/she knew there were other choices/alternatives for a meal. Resident R38 indicated there is a menu posted at the front of the facility, however, he/she does not go out of her	F 0561			

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F 0561 SS=E	Continued from page 3 room often and staff do not have time to go look at the menu for him/her, and sometimes when staff do attempt to look at the menu, it is incorrectly posted with prior day menu or no menu at all. A quarterly Minimum Data Set (MDS- periodic assessment of resident care needs) dated 3/31/23, identified that Resident R38 had a Brief Interview for Mental Status (BIMS-tool used to assess cognitive status) score of 15 (a score from 15 to 15 indicating intact cognition, or mental status). During an interview on 5/07/23, at 2:15 p.m. Resident R49 indicated he/she is unaware of any alternatives available and only eats what is delivered to him/her daily. Resident R49 indicated that if he/she does not like what is provided to him/her for a meal, the staff are reluctant to ask the kitchen for something different due to negative feedback from the kitchen for the added meal request. A quarterly MDS dated 3/31/23, identified that Resident R49 had a BIMS score of 15 indicating	F 0561			

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F 0561 SS=E	<p>Continued from page 4</p> <p>intact cognition, or mental status.</p> <p>During an interview on 5/07/23, at 3:10 p.m. Resident R44 indicated he/she is unaware of any food choice alternatives available, and he/she only eats what is delivered to him/her daily for breakfast, lunch, and dinner. Resident R44 indicated he/she would definitely request something different occasionally, if he/she knew there were other choices/alternatives for a meal.</p> <p>A quarterly MDS dated 5/31/23, identified that Resident R44 had a BIMS score of 14, indicating intact cognition, or mental status.</p> <p>During an interview on 5/08/23, at 10:45 a.m. Resident R47 indicated he/she is unaware of any menu choice alternatives available for residents and eats what is "under the tray" due to not being aware that he/she had a choice of other food options.</p> <p>A quarterly MDS dated 3/24/23, identified that Resident R47 had a BIMS score of of 15, indicating</p>	F 0561			

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F 0561 SS=E	Continued from page 5 intact cognition, or mental status. Observations on 5/07/23, through 5/08/23, of Resident R38, R44, R47, and R49's rooms revealed no menu and/or alternative menu choices in their rooms and no alternative menu choices at the front of the facility with the regular posted menu. During an interview on 5/09/23, at approximately 11:15 a.m. the Nursing Home Administrator (NHA) confirmed that some residents do not come out of their room and/or need assistance to come out of their room, furthermore, resulting in residents not having an opportunity to know what is being served for breakfast, lunch, and/or dinner. The NHA also confirmed that no menus and/or alternatives were provided to each resident in their rooms. 28 Pa. Code 201.29 (j) Resident rights 28 Pa. Code 201.18 (b)(1)(3) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0561			

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F 0561 SS=E	Continued from page 6	F 0561			
F 0725 SS=E		F 0725			

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F 0725 SS=E	Continued from page 7 483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 0725	Audits of residents R28, R38, R44, R47, & R49 were pulled to ensure timeliness in call bell response. All staff will be in-serviced on the importance of call bell response time and completion of care for the request. A whole house call bell audit will be completed daily by DON or designee for one week and weekly thereafter for one month to monitor response time. Residents will be protected from similar situations as this NHA has limited admissions as a measure to improve quality of care. This NHA has additionally implemented and "Guardian Angel" system whereby the residents are visited by a dept head a minimum of weekly but often times daily to ask via checklist if the bells are answered timely, how the food is, etc, to be proactive in ensuring their voices are heard. Concerns brought forth to the "Guardian Angel", will be reported to the dept head of concern and the NHA. Concerns and how they were resolved and call bell audit times will be brought to the QAPI committee	Completion Date: 06/15/2023 Status: APPROVED Date: 05/24/2023	

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F 0725 SS=E	<p>Continued from page 8</p> <p>Based on observations, review of facility records, and resident and staff interviews, it was determined that the facility failed to ensure sufficient nursing staff to assure residents attain or maintain the highest practicable physical, mental, and psychosocial well-being for five of 19 residents interviewed (Residents R28, R38, R44, R47, and R49).</p> <p>Findings include:</p> <p>During resident interviews on 5/07/23, from 1:30 p.m. to 3:30 p.m., 5/08/23, from 11:00 a.m. through 2:30 p.m., and 5/09/23, from 10:30 a.m. to 1:00 p.m., revealed that Resident R28, R38, R44, R47, and R49 verbalized that call bell response times were a concern with wait times of half hour or more. Residents verbalized it was common to wait for long periods of time related to insufficient staff on all shifts.</p> <p>During observations on 5/09/23, at approximately 11:00 a.m. Resident R28 was observed covered resting in bed with no clothes on from waist up and</p>	F 0725			

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F 0725 SS=E	Continued from page 9 was requesting assistance to put a bra on. He/She indicated his/her call bell was on for over 15 minutes. Further observations at 11:15 a.m. revealed Resident R28 still resting in bed covered with no clothing on from waist up and call bell was still on. Further observations at 11:30 a.m. revealed Resident R28 laying in bed with a meal tray in front of him/her with no clothing on from waist up. Resident R28's call bell was off. Resident R28 verbalized, "They turned my call bell off, sat the tray in front of me and left. There is just not enough of them, oh well." A review of a call log provided and confirmed by the Nursing Home Administrator (NHA) on 5/09/23, at approximately 1:00 p.m. revealed Resident R28's call bell was on for 42 minutes from 10:40 a.m. to 11:23 a.m. on 5/09/23. A review of Resident R28's Minimum Data Set (MDS-periodic assessment of resident care needs) Section G Activities of Daily Living (ADL) Assistance dated 2/03/23, revealed Resident R28 needs two + persons for assistance for bed mobility and one person assistance with dressing. Resident	F 0725			

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F 0725 SS=E	<p>Continued from page 10</p> <p>R28's Brief Interview of Mental Status (BIMS-tool used to assess cognitive status) dated 4/27/23, revealed a score of 12/15 which indicated moderately impaired cognitive status or mental status.</p> <p>During an interview on 5/07/23, Resident R38 verbalized that he/she needs assistance with meals. Resident R38 further indicated that staff will deliver his/her meal tray and start feeding him/her, but will need to step away to pass meal trays to other residents. When the staff return, Resident R38 indicated his/her food is always cold and unappealing. Resident R38 is noted to be followed by the dietitian for a weight loss.</p> <p>During observations on 5/09/23, at approximately 10:55 a.m. Resident R38 was observed resting in bed with his/her call bell on. Resident R38 indicated he/she needed to be changed related to being incontinent. Further observations at 11:20 a.m. revealed Resident R38's call bell still on with</p>	F 0725			

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F 0725 SS=E	Continued from page 11 Resident R38 indicating no staff have been in room yet to check on resident's need. Further observations at 11:35 a.m. revealed that Resident R38's call bell was off, and he/she was not changed. Resident R38 indicated that he/she would wait to be changed until staff fed her, so his/her food would be warm. Resident R38 indicated that this happens on a daily basis due to not enough staff available to meet all the residents' needs, but he/she has been fed with no interruptions since Department of Health has been here for the past couple days." A review of a call log provided and confirmed by the Nursing Home Administrator (NHA) on 5/09/23, at approximately 1:00 p.m. revealed Resident R38's call bell was on for 32 minutes from 10:53 a.m. to 11:25 a.m. on 5/09/23. A review of Resident R38's MDS Section G ADL Assistance dated 4/06/23, revealed Resident R38 needs two + persons for assistance for bed mobility and dressing, two-person for assistance for transfers, and one-person assist with eating. Resident R38 had a BIMS score dated 3/31/23, of	F 0725			

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F 0725 SS=E	<p>Continued from page 12</p> <p>15/15 which indicated intact cognition, or mental status. Resident R38's care plan dated 4/17/23, revealed interventions related to bladder incontinence and physical limitations requiring toileting assistance to check resident and assist to toilet every two hours and as required for incontinence.</p> <p>A review of Grievances for the past three months revealed Resident R38's family member filed a grievance, dated 4/09/23, that Resident R38's call light was on and ignored.</p> <p>During an interview on 5/07/23, Resident R44 verbalized that he/she was left on the toilet for two hours recently. Resident R44 verbalized, "The staff really try, but there is just not enough of them."</p> <p>A review of Resident R44's MDS Section G ADL Assistance dated 2/06/23, revealed Resident R44 needs one person for assistance for toileting. Resident R44's BIMS score dated 5/09/23,</p>	F 0725			

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F 0725 SS=E	<p>Continued from page 13</p> <p>revealed a score of 14/15 which indicated intact cognition, or mental status. Resident R44's care plan dated 11/17/21, revealed interventions related to Parkinson's, weakness, immobility, impaired balance as assist required for toileting and extensive assist of one for transfers.</p> <p>During an interview on 5/8/23, Resident R47 verbalized he/she could wait an hour or more for staff to answer his/her call bell. Resident R47 indicated he/she could be incontinent of bowel and bladder and has to wait for long periods of time for staff to change him/her.</p> <p>Resident R47's BIMS score dated 3/24/23, revealed a score of 15/15 which indicated intact cognition, or mental status. A review of Resident R47's MDS Section G ADL Assistance dated 3/24/23, revealed Resident R47 needs one person for assistance for toileting. Resident R47's care plan dated 3/06/20, revealed interventions related to physical limitations requiring toileting assist and</p>	F 0725			

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F 0725 SS=E	Continued from page 14 cognitive deficit as check resident/assist to toilet every two hours as required for incontinence. During an interview on 5/7/23, Resident R49 indicated he/she is used to waiting over 30 minutes when he/she presses the call bell for staff assistance. Resident R49's BIMS score dated 3/31/23, revealed a score of 15/15 which indicated intact cognition, or mental status. A review of Resident R49's MDS Section G ADL Assistance dated 4/04/23, revealed Resident R49 needs one person for assistance for transfers. Resident R49's care plan dated 3/30/23, revealed interventions related to a self care deficit, weakness, immobility, impaired balance as one assist needed for transfers and toileting. 28 Pa. Code 211.12(d)(4) Nursing services 28 Pa. Code 201.14(a) Responsibility of licensee	F 0725			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0725 SS=E	Continued from page 15 28 Pa. Code 201.18(a)(3) Management	F 0725			
F 0732 SS=C	483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.	F 0732	Staff hours were posted the next day May 8, 2023 and have been posted daily thereafter in a prominent and visible location for staff and residents. Staff was educated on nursing hours and where to find the correct information to post by the nurses station. Scheduler or designee will post hours at the nurses station at the beginning of each shift. Monitoring of hours posted to be done daily by DON or designee. Results of monitor reported to QAPI committee.	Completion Date: 06/15/2023 Status: APPROVED Date: 05/24/2023	

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F 0732 SS=C	Continued from page 16 §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by:	F 0732			

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F 0732 SS=C	Continued from page 17 Based on observations and staff interview, it was determined that the facility failed to ensure that the required nursing staffing information was posted on a daily basis. Findings include: Observations on 5/7/23, at 3:20 p.m. revealed that the daily staffing posting was not publicly posted in the facility. During interview at the time of the observation, the lack of the posting was confirmed by the Director of Nursing. 28 Pa. Code 211.12 (c) Nursing services	F 0732			
F 0842 SS=D		F 0842			

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F 0842 SS=D	Continued from page 18 483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	Facility confirmed with physician that he was notified of R53's symptoms. Facility will complete a whole house audit of physician notifications with UTI diagnosis to ensure there is documentation. The facility educated the licensed nursing staff on documentation policy and the importance of complete documentation. A checklist is to be completed for all change in conditions which includes physician notifications by the licensed nurse and will be kept at the nurse's station. DON or designee will audit this checklist to ensure that notification was done by the charge nurse and documented in the actual record. This will be done daily for one week, weekly for on month and monthly thereafter. Report the results of the monitor findings to the QAPI committee.	Completion Date: 06/15/2023 Status: APPROVED Date: 05/24/2023	

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F 0842 SS=D	Continued from page 19 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842			

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F 0842 SS=D	Continued from page 20 This REQUIREMENT is not met as evidenced by:	F 0842			

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F 0842 SS=D	Continued from page 21 Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to maintain complete and accurate clinical records for one of five residents reviewed (Resident R53). Findings include: Review of facility policy entitled "Documentation Policy" dated 12/6/22, revealed that "The Manor will provide a complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care, (i.e., nursing progress notes, episodic charting, and plan of care.) Appropriate information to assist the physician in ordering medications, treatments, and diet. The purpose of the clinical record is to provide ongoing, individualized information regarding the status of the resident." Review of Resident R53's clinical record documented an admission date of 9/25/20, with	F 0842			

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F 0842 SS=D	Continued from page 22 diagnoses that included Type II Diabetes, Hyperlipidemia (High Cholesterol), Major Depressive Disorder, Insomnia (Difficulty Sleeping), and Muscle Weakness. Resident R53's clinical record documented that on 1/12/23, Resident R53 complained of pain with urination and disclosed that three days later on 1/15/23 he/she fell causing injuries which required transport to the ER, this transport resulted in an admission to the hospital. The clinical record documented Resident R53 returned from the hospital on 1/18/23 and was on an antibiotic to treat a urinary tract infection. There was no documented evidence in Resident R53's clinical record that the physician was updated regarding Residents R53's complaint of pain with urination. During an interview on 5/09/23, at approximately 12:00 p.m. the Director of Nursing confirmed that clinical record lacked evidence that the physician	F 0842			

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F 0842 SS=D	Continued from page 23 was contacted regarding Resident R53's complaint of painful urination. 28 Pa. Code 211.5(f) Clinical records	F 0842			

Pennsylvania Department of Health

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P 0400	<p>§ 201.14(a) Responsibility of licensee.</p> <p>(a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents.</p> <p>This REGULATION is not met as evidenced by:</p>	P 0400	<p>Team members immediately reached out to a community member to participate in the Infection Control Meetings.</p> <p>Infection Preventionist was immediately provided with the infection notification letter.</p> <p>Infection preventionist, Assistant Administrator, and DON were educated on the importance of community presence for meetings and the importance of written family notification.</p> <p>DON or designee to monitor compliance of community member attendance and notification letters to the families quarterly moving forward.</p> <p>Report findings and notifications to the QAPI committee.</p>	<p>Completion Date: 06/15/2023 Status: APPROVED Date: 05/24/2023</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

Pennsylvania Department of Health

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P 0400	<p>Continued from page 1</p> <p>Based on review of facility infection control records and staff interviews, it was determined that the facility failed to comply with the following requirements of MCARE Act 403(a)(1).</p> <p>Findings include:</p> <p>MCARE Act, Section 403(a)(1), 40 P.S. § 1303.403(a)(1) - Infection Control Plan, states:</p> <p>(a) Development and compliance - Within 120 days of the effective date of this section, a health care facility and an ambulatory surgical facility shall develop and implement an internal infection control plan that shall be established for the purpose of improving the health and safety of patients and health care workers and shall include:</p> <p>(1) A multidisciplinary committee including representatives from each of the following, if applicable to the specific health care facility:</p> <p>(i) Medical staff that could include the chief medical officer or the nursing home medical director.</p> <p>(ii) Administration representatives that could include the chief executive officer, the chief financial officer</p>	P 0400			

Pennsylvania Department of Health

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P 0400	Continued from page 2 or the nursing home administrator. (iii) Laboratory personnel. (iv) Nursing staff that could include a director of nursing or a nursing supervisor. (v) Pharmacy staff that could include the chief of pharmacy. (vi) Physical plant personnel. (vii) A patient-safety officer. (viii) Members from the infection control team, which could include an epidemiologist. (ix) The community, except that these representatives may not be an agent, employee or contractor of the health care facility or ambulatory surgical facility. 1303.405(a)- Patient Safety Authority Jurisdiction states: (a)The occurrence of a healthcare-associated infection is deemed a serious event. Written notification to the resident of the serious event should be documented. A review of the facility Infection Control Program on 5/10/23, 10:15 a.m. revealed that the facility	P 0400			

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P 0400	Continued from page 3 lacked a community member for all meetings and there was no written notification to the resident and/or resident representative of healthcare-associated infections deemed a serious event. During an interview on 5/10/23, 10:25 a.m. the Director of Nursing confirmed the facility lacked a community member for all meetings and there was no written notification to the resident and/or resident representative of healthcare-associated infections deemed a serious event.	P 0400			



Certified End Page

WARREN MANOR

STATE LICENSE NUMBER: 233202

SURVEY EXIT DATE: 05/10/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY